

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
OFFICE DETERMINATION	MESAY		08-13-01
OFFICE CLASSIFIER		49	9/18/01
FORMALITY REVIEW	42	1124	9/12/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	08/12/01
2	✓	✓	08/12/01
3	✓	✓	08/12/01
4	✓	✓	08/12/01
5	✓	✓	08/12/01
6	✓	✓	08/12/01
7	✓	✓	08/12/01
8	✓	✓	08/12/01
9	✓	✓	08/12/01
10	✓	✓	08/12/01
11	✓	✓	08/12/01
12	✓	✓	08/12/01
13	✓	✓	08/12/01
14	✓	✓	08/12/01
15	✓	✓	08/12/01
16	✓	✓	08/12/01
17	✓	✓	08/12/01
18	✓	✓	08/12/01
19	✓	✓	08/12/01
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28	✓	✓	08/12/01
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30	✓	✓	08/12/01
31	✓	✓	08/12/01
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42	✓	✓	08/12/01
43	✓	✓	08/12/01
44	✓	✓	08/12/01
45	✓	✓	08/12/01
46	✓	✓	08/12/01
47	✓	✓	08/12/01
48	✓	✓	08/12/01
49	✓	✓	08/12/01
50	✓	✓	08/12/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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TM 864/  
 9/12/01